

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.  
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."  
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Y	
Certificates of Insurance:		
Workers Compensation	N/A	
Property	Y	
General Liability	Y	
Vehicle	N/A	
Other:	N/A	
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account	N/A	
General Operating Account	Y	X
Other:		
Other:		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

4-26-16

Signature of Joint Debtor

Date

Signature of Authorized Individual\*

Date

4/26/16

Robert W. Haslam

Printed Name of Authorized Individual

V.P. of Operations

Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

(9/99)

FORM IR

In re SUNRISE / HIOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)

**CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD: March 2016 through February 2017**

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 15 days after the order for relief. Amended cash flow projections should be submitted as necessary.

	Month March	Month April	Month May	Month June	Month July	Month August	Month September	Month October	Month November	Month December	Month January	Month February	Total
Cash Beginning of Month	-232.17	54.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	-232.17
<b>RECEIPTS</b>													
CASH SALES													0.00
ACCOUNTS RECEIVABLE													0.00
LOANS AND ADVANCES	254.48	783.12	2,257.53	457.00	2,282.00	1,977.00	457.00	782.00	1,977.00	457.00	782.00	1,977.00	14,443.13
SALE OF ASSETS													0.00
OTHER (ATTACH LIST)	287.05	9.88											296.93
													0.00
<b>TOTAL RECEIPTS</b>	<b>541.53</b>	<b>793.00</b>	<b>2,257.53</b>	<b>457.00</b>	<b>2,282.00</b>	<b>1,977.00</b>	<b>457.00</b>	<b>782.00</b>	<b>1,977.00</b>	<b>457.00</b>	<b>782.00</b>	<b>1,977.00</b>	<b>14,740.08</b>
<b>DISBURSEMENTS</b>													
NET PAYROLL													0.00
PAYROLL TAXES													0.00
SALES, USE, AND OTHER TAXES			1,511.53			1,520.00			1,520.00			1,520.00	6,071.53
INVENTORY PURCHASES													0.00
SECURITY RENTALS / LEASES													0.00
INSURANCE	0.00	0.00	178.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	979.00
ADMINISTRATIVE & SELLING		60.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	210.00
OTHER (ATTACH LIST)	254.48	353.00	553.00	353.00	353.00	353.00	353.00	353.00	353.00	353.00	353.00	353.00	4,337.48
													0.00
PROFESSIONAL FEES					1,500.00								1,500.00
U.S. TRUSTEE FEES	0.00	325.00			325.00			325.00			325.00		1,300.00
COURT COSTS													0.00
<b>TOTAL DISBURSEMENTS</b>	<b>254.48</b>	<b>738.00</b>	<b>2,257.53</b>	<b>457.00</b>	<b>2,282.00</b>	<b>1,977.00</b>	<b>457.00</b>	<b>782.00</b>	<b>1,977.00</b>	<b>457.00</b>	<b>782.00</b>	<b>1,977.00</b>	<b>14,388.01</b>
<b>NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)</b>	<b>287.05</b>	<b>55.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>342.05</b>
Cash End of Month	54.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88	109.88

FORM R-1  
(7/99)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

In re **SUNRISE / HOVCARE L.P.**  
Debtor

**Case No. \_16-13894 (JNP)**

**Explanation**

The bank statement that is shown is Pre - D.I.P. account as the D.I.P. account was opened in April

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. \_16-13894 (JNP)  
Reporting Period: MARCH 2016 thru FEBRUARY 2017

RECEIPTS

Other Receipts - \$287.05 was deposited on 3/4 to fund checks written Feb. 29, 2016 - pre-petition  
\$9.88 transferred to new D.I.P. Account

EXPENSE - MARCH 2016

AMINISTRATIVE	OTHER	Professional
15.00 Bank Srv Charge	200.78 P.S.E & G. 53.70 S&W MUA 30.00 Bank NSF	

EXPENSES - for April 2016 thru February 2017

For May only - vandilism repairs - front door of home kicked in.est. \$200 in repairs

AMINISTRATIVE	OTHER	Professional
15.00 Bank Srv Charge	200.00 P.S.E & G. 53.00 S&W MUA 100.00 Maint	Est for year Est for year Est for year
		1,500.00 Heffler/Acctg July
15.00	353.00	1,500.00

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

**MONTHLY OPERATING REPORT**

File with Court and submit copy to United States Trustee within 20 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	X	x
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	X	x
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	MOR-2	X	
Balance Sheet	MOR-3	X	
Status of Postpetition Taxes	MOR-4	N/A	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR-4	N/A	
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging	MOR-5	X	
Debtor Questionnaire	MOR-5	X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

  
Signature of Debtor

4-26-16  
Date

Signature of Joint Debtor

Date

  
Signature of Authorized Individual\*

4/26/16  
Date

Robert W. Haslam  
Printed Name of Authorized Individual

V.P. of Operations  
Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR  
(9/99)

In re: SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

### SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" columns should be taken from the SMALL BUSINESS INITIAL REPORT (FORM IR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPER.	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	-232.17				-232.17	-232.17	-232.17	-232.17
RECEIPTS								
CASH SALES								
ACCOUNTS RECEIVABLE								
LOANS AND ADVANCES	254.48				254.48	254.48	254.48	254.48
SALE OF ASSETS								
OTHER (ATTACH LIST)	287.05				287.05	287.05	287.05	287.05
TRANSFERS (FROM DIP ACCTS)								
TOTAL RECEIPTS	541.53				541.53	541.53	541.53	541.53
DISBURSEMENTS								
NET PAYROLL								
PAYROLL TAXES								
SALES, USE, & OTHER TAXES								
INVENTORY PURCHASES								
SECURED/ RENTAL/ LEASES								
INSURANCE								
ADMINISTRATIVE								
SELLING								
OTHER (ATTACH LIST)	254.48				254.48	254.48	254.48	254.48
OWNER DRAW *								
TRANSFERS (TO DIP ACCTS)								
PROFESSIONAL FEES								
U.S. TRUSTEE QUARTERLY FEES								
COURT COSTS								
TOTAL DISBURSEMENTS	254.48				254.48	254.48	254.48	254.48
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	287.05				287.05	287.05	287.05	287.05
CASH - END OF MONTH	54.88				54.88	54.88	54.88	54.88

\* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

#### THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	254.48
LESS TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	0.00
PLUS ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	0.00
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	254.48

FORM MOR-1  
(9/99)

(777)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

In re **SUNRISE / HOVCARE L.P.**  
Debtor

**Case No. \_16-13894 (JNP)**  
Reporting Period: MARCH 2016

**Explanation**

The bank account that is shown is pre-petition. Transaction occurred during the month of March prior to knowing that we needed a D.I.P. account (this took place in April).

Attached is a copy of the bank statement. The balance of this account will be transferred to the D.I.P. Account.



In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: March

**STATEMENT OF OPERATIONS**  
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	0.00	0.00
Less: Returns and Allowances	0.00	0.00
Net Revenue	0.00	0.00
<b>COST OF GOODS SOLD</b>		
Beginning Inventory	0.00	0.00
Add: Purchases	0.00	0.00
Add: Cost of Labor	0.00	0.00
Add: Other Costs (attach schedule)	0.00	0.00
Less: Ending Inventory	0.00	0.00
Cost of Goods Sold	0.00	0.00
Gross Profit	0.00	0.00
<b>OPERATING EXPENSES</b>		
Advertising	0.00	0.00
Auto and Truck Expense	0.00	0.00
Bad Debts	0.00	0.00
Contributions	0.00	0.00
Employee Benefits Programs	0.00	0.00
Insider Compensation*	0.00	0.00
Insurance	0.00	0.00
Management Fees/Bonuses	0.00	0.00
Office Expense	0.00	0.00
Pension & Profit-Sharing Plans	0.00	0.00
Repairs and Maintenance	0.00	0.00
Rent and Lease Expense	0.00	0.00
Salaries/Commissions/Fees	0.00	0.00
Supplies	0.00	0.00
Taxes - Payroll	0.00	0.00
Taxes - Real Estate	0.00	0.00
Taxes - Other	0.00	0.00
Travel and Entertainment	0.00	0.00
Utilities	254.48	254.48
Other (attach schedule)	45.00	45.00
Total Operating Expenses Before Depreciation	299.48	299.48
Depreciation/Depletion/Amortization	0.00	0.00
Net Profit (Loss) Before Other Income & Expenses	-299.48	-299.48
<b>OTHER INCOME AND EXPENSES</b>		
Other Income (attach schedule)	0.00	0.00
Interest Expense	0.00	0.00
Other Expense (attach schedule)	0.00	0.00
Net Profit (Loss) Before Reorganization Items	0.00	0.00
<b>REORGANIZATION ITEMS</b>		
Professional Fees	0.00	0.00
U. S. Trustee Quarterly Fees	325.00	325.00
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	0.00	0.00
Gain (Loss) from Sale of Equipment	0.00	0.00
Other Reorganization Expenses (attach schedule)	0.00	0.00
Total Reorganization Expenses	325.00	325.00
Income Taxes	0.00	0.00
Net Profit (Loss)	-624.48	-624.48

\*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-2

(9/99)

In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016 \_\_\_\_\_

**STATEMENT OF OPERATIONS - continuation sheet**

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Filing to Date
<b>Other Costs</b>		
<b>Other Operational Expenses</b>		
Accrued Bank fee -	45.00	45.00
<b>Other Income</b>		
<b>Other Expenses</b>		
<b>Other Reorganization Expenses</b>		

**Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:**

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

FORM MOR-2 (CON'T)  
(9/99)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

In re **SUNRISE / HOVCARE L.P.**  
Debtor

**Case No. \_16-13894 (JNP)**  
**Reporting Period: MARCH 2016**

Explanation

In re: SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

### BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
<b>CURRENT ASSETS</b>		
Unrestricted Cash and Equivalents	54.88	-212.17
Restricted Cash and Cash Equivalents (see continuation sheet)	0.00	0.00
Accounts Receivable (Net)	4,208,322.72	4,208,322.72
Notes Receivable	0.00	0.00
Inventories	0.00	0.00
Prepaid Expenses	0.00	0.00
Professional Retainers	0.00	0.00
Other Current Assets (attach schedule)	0.00	0.00
<b>TOTAL CURRENT ASSETS</b>	<b>4,208,377.60</b>	<b>4,208,090.55</b>
<b>PROPERTY AND EQUIPMENT</b>		
Real Property and Improvements	203,300.00	203,300.00
Machinery and Equipment	0.00	0.00
Furniture, Fixtures and Office Equipment	0.00	0.00
Leasehold Improvements	0.00	0.00
Vehicles	0.00	0.00
Less Accumulated Depreciation	-152,000.00	-152,000.00
<b>TOTAL PROPERTY &amp; EQUIPMENT</b>	<b>51,300.00</b>	<b>51,300.00</b>
<b>OTHER ASSETS</b>		
Loans to Insiders*	0.00	0.00
Other Assets (attach schedule)	0.00	0.00
<b>TOTAL OTHER ASSETS</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL ASSETS</b>	<b>4,259,677.60</b>	<b>4,259,390.55</b>

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
<b>LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)</b>		
Accounts Payable	0.00	0.00
Taxes Payable (refer to FORM MOR-4)	0.00	0.00
Wages Payable	0.00	0.00
Notes Payable	0.00	0.00
Rent / Leases - Building/Equipment	0.00	0.00
Secured Debt / Adequate Protection Payments	0.00	0.00
Professional Fees	0.00	0.00
Amounts Due to Insiders*	0.00	0.00
Other Postpetition Liabilities (attach schedule)	370.00	0.00
<b>TOTAL POSTPETITION LIABILITIES</b>	<b>370.00</b>	<b>0.00</b>
<b>LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)</b>		
Secured Debt	13,447.28	13,447.28
Priority Debt	0.00	0.00
Unsecured Debt	124,807.08	124,807.08
<b>TOTAL PRE-PETITION LIABILITIES</b>	<b>138,254.36</b>	<b>138,254.36</b>
<b>TOTAL LIABILITIES</b>	<b>138,624.36</b>	<b>138,254.36</b>
<b>OWNER EQUITY</b>		
Capital Stock	0.00	0.00
Additional Paid-In Capital	4,137,618.28	4,137,618.28
Partners' Capital Account	0.00	0.00
Owner's Equity Account	1,091.80	1,091.80
Retained Earnings - Pre-Petition	-17,573.89	-17,573.89
Retained Earnings - Postpetition	-624.48	0.00
Adjustments to Owner Equity (attach schedule)		
Postpetition Contributions (Distributions) (Draws) (attach schedule)	541.53	
<b>NET OWNER EQUITY</b>	<b>4,121,053.24</b>	<b>4,121,136.19</b>
<b>TOTAL LIABILITIES AND OWNERS' EQUITY</b>	<b>4,259,677.60</b>	<b>4,259,390.55</b>

\*"Insider" is defined in 11 U.S.C. Section 101(31)

FORM MOR-3  
(9/99)

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

**BALANCE SHEET - continuation sheet**

<b>ASSETS</b>	<b>BOOK VALUE AT END OF CURRENT REPORTING MONTH</b>	<b>BOOK VALUE ON PETITION DATE</b>
<b>Other Current Assets</b>		
<b>Other Assets</b>		
<b>LIABILITIES AND OWNER EQUITY</b>	<b>BOOK VALUE AT END OF CURRENT REPORTING MONTH</b>	<b>BOOK VALUE ON PETITION DATE</b>
<b>Other Postpetition Liabilities</b>		
Accrued Bank fees	45.00	
Accrued Quarterly Trustee Fees	325.00	
<b>Adjustments to Owner Equity</b>		
<b>Postpetition Contributions (Distributions) (Draws)</b>		
Non-Debtor funding for check runs	541.54	0.00

**Restricted Cash:** cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

FORM MOR-3 (CONT)  
(9/99)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

Explanation

Secured Debt - Taxes due to Twp \$13447.28

Unsecured Debt - \$4,504.05 payables to vendors - \$38,555.65 suspense account - \$81,747.38 accrued payables

In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

### STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.  
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.  
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
<b>Federal</b>						
Withholding						0.00
FICA-Employee						0.00
FICA-Employer						0.00
Unemployment						0.00
Income						0.00
Other						0.00
<b>Total Federal Taxes</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>State and Local</b>						
Withholding						0.00
Sales						0.00
Excise						0.00
Unemployment						0.00
Real Property						0.00
Personal Property						0.00
Other						0.00
<b>Total State and Local</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Taxes</b>	0.00	0.00	0.00	0.00	0.00	0.00

### SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					(Total)
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable	0.00	0.00	0.00	0.00	0.00	0.00
Wages Payable	0.00	0.00	0.00	0.00	0.00	0.00
Taxes Payable	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Building	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Secured Debt/Adequate Protection Payments	0.00	0.00	0.00	0.00	0.00	0.00
Professional Fees	0.00	0.00	0.00	0.00	0.00	0.00
Amounts Due to Insiders*	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Postpetition Debts</b>	0.00					

Explain how and when the Debtor intends to pay any past-due postpetition debts.

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\*Insider\* is defined in 11 U.S.C. Section 101(31).

FORM MOR-4  
(9/99)

In re SUNRISE / HOVCARE L.P.  
Debtor

Case No. 16-13894 (JNP)  
Reporting Period: MARCH 2016

### ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	0
+ Amounts billed during the period	0
- Amounts collected during the period	0
Total Accounts Receivable at the end of the reporting period	0

Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	0
61 - 90 days old	0
91+ days old	0
Total Accounts Receivable	0
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	0

### DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

Question #2 response - electric and sewer water charges were paid prior to knowledge of how to handle the payment of invoices received under the D.I.P. guidelines. Total amount was \$254.48

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**BANK RECONCILIATION**

**MONTH:** March-16

**COMPANY:** SUNRISE I - PARKE BANK

**PREPARED BY:** STACY

**DATE:**

4/8/2016

General Ledger Beginning Balance:

-232.17

Deposits:

541.53

Disbursements:

-254.48

Prior Month's Adj Jes:

Prior Month's Adj Jes:

Current Month Adjusting Entries:

**GENERAL LEDGER ENDING BALANCE**

54.88

Bank Fees: MAINTENANCE SVC CHG 3/31/16

-15.00

NSF CHARGE 3/3/16

-30.00

Interest:

**Adjusted General Ledger Ending Balance**

9.88

Add: Outstanding Checks

254.48

CHECK	DATE	AMOUNT
5505	3/29/16	200.78
5506	3/29/16	53.70

**Reconciled General Ledger Balance**

264.36

Bank Ending Balance:

Sweep

Operating

Cash

264.36

264.36

Adjustments to Bank Balance (Operating)

**Bank Adjusted Balance**

264.36

**Reconciliation Difference**

0.00



PARKE

A Return to Better Banking

Sunrise/Hovcare Limited  
Partnership  
900 Birchfield Drive  
Mount Laurel NJ 08054

9000401864

03/01/2016

03/31/2016

Mobile Remote Deposit is here! This new enhancement to the ParkeBank Mobile Banking App can save you time and time is money. It is available to qualified personal and business customers, some restrictions do apply, ask us how you can apply today.

## Parke Business Checking - 9000401864

## Account Summary for Parke Business Checking - 9000401864

Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$54.88		\$541.53		\$0.00		\$287.05		\$45.00		\$264.36

## Transactions for Parke Business Checking - 9000401864

Date	Description	Checks / Debits	Deposits / Credits	Balance
03/01	Starting Balance			\$54.88
03/03	5504 Check	-\$51.51		\$3.37
03/03	5503 Check	-\$235.54		-\$232.17
03/03	Insufficient Funds Charge CK # 5503 (Paid)	-\$30.00		-\$262.17
03/04	Descriptive Deposit Remote Deposit Scanned Checks		\$287.05	\$24.88
03/31	Descriptive Deposit Remote Deposit Scanned Checks		\$254.48	\$279.36
03/31	Maintenance Service Charge	-\$15.00		\$264.36

## Checks for Parke Business Checking - 9000401864

Date	Check Number	Amount	Date	Check Number	Amount
03/03	5503	-\$235.54	03/03	5504	-\$51.51

\* denotes a missing check  
(E) Electronic Check

Mobile Remote Deposit is here! This new enhancement to the ParkeBank Mobile Banking App can save you time and time is money. It is available to qualified personal and business customers, some restrictions do apply, ask us how you can apply today.

**SUNRISE / HOVCARE L.P.**  
**General Ledger for a Specific Account**  
**1/1/2016 to 3/31/2016**

GL ACCOUNT: 100108 PARKE BANK

Date	Reference	Posting Remarks	Debit	Credit	Cost/Cnt	Vendor	Invoice	CHK#	Sect	House	CostCode
12/31/2015	0	Beg Y Beginning Year Balance	\$13.57								
		Total for the Month:	\$13.57	\$0.00							
1/6/2016	331817	JENSF FEE - -									
1/7/2016	331761	CR FUND SUNRISE I FROM JSH LLC OPERATING -		\$30.00							
1/18/2016	332346	JEMAINTEANCE SVC CHG 1 2-31-15 -	\$130.00								
1/27/2016	332827	CK CHECK PROCESSING OF WO/PO - CHECK PROCESSING		\$15.00							
1/30/2016	333067	CR FUND SUNRISE I - JSH LLC OPERATING - CK RUN 1/27/16 -	\$150.00								
		Total for the Month:	\$280.00	\$208.69							
2/19/2016	334124	JEMAINTEANCE SVC CHG - 1 /29/16 -		\$15.00							
2/26/2016	334357	CK CHECK PROCESSING OF WO/PO - CHECK PROCESSING		\$287.05							
2/29/2016	334716	JEMAINTEANCE SVC CHG 2 /29/16 -		\$15.00							
		Total for the Month:	\$0.00	\$317.05							
3/4/2016	334775	CR FUNDING - CLAYTON URBAN CK 2491 -									
3/29/2016	335577	CK CHECK PROCESSING OF WO/PO - CHECK PROCESSING	\$287.05								
3/31/2016	335680	CR FUNDING CHECK RUN 3/29/16 - CLAYTON URBAN CK 2528 -	\$254.48								
		Total for the Month:	\$541.53	\$254.48							
			\$835.10	\$780.22							
		Ending Balance for the Period									\$54.88
			\$835.10	\$780.22							
		Account Balance									\$54.88

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**SUNRISE / HOVCARE L.P.****Check Register**  
**3/1/2016 to 3/31/2016**

Sub Co	Check#	Status	Check Date	Amount	Vendor	Paid To Order of	Bank	Manual	SRC
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**Cash Account 100108**

012	005505		3/29/2016	200.78	005000	PUBLIC SERVICE ELEC & GAS	A	<input type="checkbox"/>	C
012	005506		3/29/2016	53.70	NOF	DEPTFORD TOWNSHIP MUA	A	<input type="checkbox"/>	C

**Account Total: 254.48****Register Total: 254.48****VOIDS Total: 0.00****Net Paid: 254.48****Register Total: 254.48****VOIDS Total: 0.00****Net Paid: 254.48**



# CERTIFICATE OF LIABILITY INSURANCE

JSHOV-6

OP ID: KD

DATE (MM/DD/YYYY)

04/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
The Martin Company  
500 Jessup Road  
West Deptford, NJ 08066  
Sam Martin

**CONTACT**

NAME:

PHONE (A/C No. Ext): 856-845-3836

FAX (A/C No.): 856-845-9191

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Evanston Ins Co

INSURER B: Travelers Ind Co. of Amer

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED** Sunrise/Hovcare LP  
900 Birchfield Drive  
Mt. Laurel, NJ 08054

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INRD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		3C41325	04/06/2016	04/06/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/DP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Building Coverage		QT 660 6607P897 TIA 11	04/06/2016	04/06/2017	239,000 1,000 Limit Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

US Bankruptcy Court

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Sam Martin